

Case Number:	CM14-0187751		
Date Assigned:	11/18/2014	Date of Injury:	10/29/2013
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic Services and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31 year old female who injured her neck, mid back and lower back on 10/29/2013 while performing her duties as a driver. The mechanism of injury is an auto accident. Per the PTP's first report of injury the patient complains of bilateral neck pain where "pain is located on both sides. Radiation of pain is down both arms. Pain is present on a continuous basis. Pain is described as severe and aching in nature. Pain is aggravated by moving. Pain is relieved by nothing." The patient has been treated with medications, home exercise program, massage therapy, acupuncture, infrared heat therapy, chiropractic care and physical therapy. Diagnoses assigned by the PTP are listed as motor vehicle accident related cervical sprain/strain and thoracic sprain/strain. The patient has been returned to work in a modified duty capacity. Diagnostic imaging studies have been completed per the records provided however, the results are not found in those records. The PTP is requesting 8 additional chiropractic sessions to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 Chiropractic Visits for the Neck and Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

Decision rationale: The patient has received prior chiropractic care per the records provided. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. The initial treatment report has been provided from the treating chiropractor only. Additional reports are not present in the records to compare with the initial findings. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS ODG Low Back and Neck Chapters recommend for "flare-ups/recurrences need to re-evaluate treatment success, if Return to Work (RTW) achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. The request for 8 chiropractic sessions to the neck and lower back is not medically necessary and appropriate.